

SENATE MOTION

MR. PRESIDENT:

I move that Senate Bill 308 be amended to read as follows:

- 1 Page 2, line 1, delete "Primary Care Case Management" and insert
2 "primary care case management".
3 Page 2, line 6, delete "Risk-Based Managed Care" and insert
4 "risk-based managed care".
5 Page 2, after line 7, begin a new paragraph and insert:
6 "SECTION 2. IC 12-15-15-2.6 IS ADDED TO THE INDIANA
7 CODE AS A NEW SECTION TO READ AS FOLLOWS
8 [EFFECTIVE JULY 1, 2001]: **Sec. 2.6. (a) This section applies to**
9 **physician services provided in the emergency department of a**
10 **hospital licensed under IC 16-21 by a physician who does not have**
11 **a contract with a Medicaid risk-based managed care organization.**
12 **(b) Payment for physician services described in subsection (a)**
13 **must be at a rate of one hundred percent (100%) of rates payable**
14 **under the Medicaid fee structure.**
15 **(c) The payment under subsection (b) must be calculated using**
16 **the same methodology used for all other physicians participating**
17 **in the Medicaid program.**
18 **(d) Physicians must be reimbursed for federally required**
19 **medical screening exams using the Current Procedural**
20 **Terminology (CPT) codes 99281, 99282, or 99283 described in the**
21 **Current Procedural Terminology Manual published annually by**
22 **the American Medical Association, without authorization by the**
23 **enrollee's primary medical provider.**
24 **(e) Payment for all other physician services described in**
25 **subsection (a) to enrollees in the Medicaid risk-based managed**
26 **care program must be at a rate of one hundred percent (100%) of**
27 **the Medicaid fee structure rates, provided the service is authorized,**
28 **prospectively or retrospectively, by the enrollee's primary medical**
29 **provider.**
30 **(f) This section expires July 1, 2003."**
 (Reference is to SB 308 as printed January 26, 2001.)

Senator MILLER